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CHANGES TO VETERANS ACCESS PAYMENT

The Veterans Access Payment (VAP) currently paid to Local Medical Officers when they provide services to veterans and their dependants will change from 1 May 2007 to reflect the Medicare Bulk Billing Incentive items. The amount of the VAP will no longer be based on whether it is a Level A consultation. The criteria for payment will reflect the arrangements for the Medicare Benefits Schedule (MBS) bulk billing incentive item numbers 10990, 10991, 10992, 64990, 64991, 74990 and 74991.

To implement this change to the VAP, from 1 May 2007 the existing DVA specific item numbers MT99 and MT98 will be aligned to the MBS bulk billing incentive items numbers 10990, 10991, 10992, 64990, 64991, 74990 and 74991 as follows:

MT99 can be claimed under similar conditions to MBS item numbers 10990, 64990 and 74990 and will be paid at the current MBS fee of \$6.20. MT99 will be able to be claimed in conjunction with services provided to eligible veterans or their dependants as follows:

- for items listed on the DVA Local Medical Officer (LMO) Fee Schedule 1 May – 1 October 2007. The corresponding MBS item number is 10990.
- for DVA specific items that do not appear in the Medicare Benefits Schedule for example CP20, MT02, CN01 etc. The corresponding MBS item number is 10990;
- for a service item listed in the Diagnostic Imaging Services in the MBS when performed by a general practitioner. The corresponding MBS item number is 64990; and
- for a service item listed in the Pathology Services Table in the MBS when performed by a general practitioner. The corresponding item number is 74990.

MT98 can be claimed under similar conditions to MBS item numbers 10991, 10992, 64991 and 74991 and will be paid at the current MBS fee of \$9.40. MT98 will be used for services provided to eligible veterans or their dependants as above and where the service is provided in an area of need as described on page 168 of the MBS.

DVA and Medicare Australia are currently reviewing the options for simplifying the claiming process for LMO's. DVA will consult with the AMA and LMO's as part of this process and it is anticipated that further changes to the VAP will occur in November 2007.

Detailed information on the changes to the Veterans Access Payment is being sent to Local Medical Officers.

RURAL TELSTRA SERVICES

The Australian Medical Association has worked with Telstra to clarify the eligibility criteria for its Community, Essential and Emergency Services (CE&ES) Policy. For eligible AMA members who are Telstra customers, the CE&ES policy provides prioritised fault handling and service restoration. Eligible AMA members will be those rural and remote doctors who perform a critical response role in emergency situations. For the purpose of assessing CE&ES applications, Telstra has defined a rural location to be a township or community grouping of fewer than 10,000 people.

Telstra is currently offering AMA members who are also Telstra customers a once-off bulk assessment for CE&ES eligibility. The AMA will collect applications from those doctors seeking CE&ES status and forward these to Telstra for processing. For any further details about Telstra's Community, Essential and Emergency Services Policy, you may contact AMA Member Services on 1300 133 655. Applications may be submitted online, via the AMA website <http://www.ama.com.au/memberservices>. Applications must be submitted by 31 May 2007.

INDUSTRY PANEL TO PROVIDE INSURANCE ADVICE

A panel comprising representatives of the Australian Medical Association (AMA), the Australian Private Hospitals Association (APHA), Catholic Health Australia (CHA), and the Consumers' Health Forum of Australia (CHF) has been convened to provide advice to the Government on broader health cover (BHC) products. Under the Government's Private Health Insurance Act 2007, private health insurers can now offer products under the BHC banner for services or treatments provided out of hospital. The BHC Panel will work to ensure each proposed new product has clinical efficacy, is appropriate for its designated purpose, meets quality and safety standards, provides consumers with choice, and preserves clinical independence. Independent expert advice on the safety and effectiveness of new products will then be offered to the Health Minister and health insurers before the products are launched onto the market.